| PLACE OF BIRTH   | ARIZONA STATI                                    | E BOARD OF HEALTH  |              |
|--|--|--|--------------|
| iet of   | RUREAU OF VITAL STATISTS ORIGINAL CERTIFICATE OF |  | <u>.</u>     |
| or of the state of | •  | Local Registrar No   |              |
| ot   | No. necurred in a hospital or institu            | tution, give its NAME instead of atreet and number)  If child is not yet named, make | • }          |
| ull name of child Carla  | 16. Twin, triplet or other                       | / supplemental report, as directed   |              |
| ex of Child to be answered ONLY in event of plural births.   | 5. No., in order of birth                        | 7. Date of birth Month day year  | , section of |
| 1 PATHER   | 10.  | MOTHER O   |              |
| 1 navigue Chitiga  | lower Full maiden p                              | munici am  |              |
| Residence<br>(Usual place of spedes  |  | Dice of Booke  |              |
| If nonresident, give place and state   | If nonresi                                       | dent, give pines and state   |              |
| Color or race  | birthday 30 (Years)                              | 17. Age at last birthday 26 (Years   | <u>)</u>     |
| Maronk   | 18. Birthplace                                   | (city or stact lable   | -            |
| (State or country)   | Mux (State                                       | or county. Muy   |              |
| . Occupation John  | , 19. Occupation                                 | <i>**</i> **********************************   |              |
| Nature of industry   |  | f industry   | _            |
|  | Born alive and now living                        | 21. Were arccautions taken against ope-<br>theirim architectum?                      |              |
| ified and including this child.) (c  | e) Stillborn                                     | N ON NIDWIFE'OO  |              |
| reby certify that I attended the birth of  | this child, who was Royalive or ati              | It at I I'm, on the date above stated  |              |
| *When there was no attending physician divide, then the father, householder, et  | Bignature Charles                                | en Much h  | W.           |
| ould make this return. A stillborn chi<br>one that neither breathes nor shows oth<br>idences of life after birth.<br>In name added from  | Address Hours                                    | in aring   |              |
| pplemental report  | Filed Kft. 8                                     | 1925 Life Begistrar.   |              |
|  | Filed  |  | _ 1          |

N. B.—in case St more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each.

ĺ